

## Application form for *iMeasureZT* service

Please complete this form in block letters. \* Indicates a required field

*First name	
*Family name	
*Institution	
*Email address	
Full postal address (in the case that you want your sample back)	
*Sample nickname (2 -8 characters)	
*Sample material group (SiGe, PbTe, skutterudite, silicide, e.t.c.)	
Sample composition	
Type of metallization if any	
*Any specific sample details (Specify harmful elements)	
Desired temperature range (by default 300K – 700K)	

[ ] Check to confirm you have read and accept the guidelines of *iMeasureZT* service described on [www.temte.ca](http://www.temte.ca).

Signature\_\_\_\_\_

Date\_\_\_\_\_